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21917 7590 08/31/2005

MCHALE & SLAVIN, P.A.
 2855 PGA BLVD
 PALM BEACH GARDENS, FL 33410

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| | |
|--------------------|--------------------|
| Gathy Nicholson | (Depositor's name) |
| <i>[Signature]</i> | (Signature) |
| 11/16/05 | (Date) |

11/25/2005 WABDEL3 00000014 10666623

| APPLICATION NO. | FILING DATE | FEE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|--|-------------|------------------------------------|----------------------|---------------------|------------------|
| 01 FD-2501 02 FI-1504 03 IS-8006 | 09/17/2003 | 700.00 OP 300.00 OP 30.00 OP | Kenneth W. Fletcher | 2103.003 | 9228 |

TITLE OF INVENTION: GARAGE DOOR REINFORCEMENT DEVICE

SNo 10666 623

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 11/30/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| PUROL, DAVID M | 3634 | 160-209000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. McHale & Slavin P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☐ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date _____

Typed or printed name Michael A. SlavinRegistration No. 34,016

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